

SD Board of Medical and Osteopathic Examiners (SDBMOE)

Verification Request to another State Board

Email this form as a PDF or scan form to sdbmoe@state.sd.us for processing

Requestor Name: _____
Requestor Phone (Direct Line, extension or cell): _____
Requestor Email: _____

Licensee Name: _____
List ALL names: correct spelling; current & any additional names (i.e. maiden, married, & other)
Licensee Phone (Direct Line, extension or cell): _____
Licensee Email: _____
SD license #: _____ Date of Birth: _____ Last 4 digits of SSN: _____

Type:
<input type="checkbox"/> Athletic Trainer
<input type="checkbox"/> EMT
<input type="checkbox"/> Dietitian/Nutritionist
<input type="checkbox"/> Genetic Counselor
<input type="checkbox"/> Medical Assistant
<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Occupational Therapy Assistant
<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Physical Therapist Assistant
Physician indicate: MD <input type="checkbox"/> or DO <input type="checkbox"/>
<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Respiratory Care Practitioner or Therapist

SDBMOE verification to another State Board
<ul style="list-style-type: none">• Verifications will be emailed to the State Board address on file.• Confirmation of delivery to a receiving State Board is the responsibility of the Requestor and Licensee.• If verification is not received by the receiving State Board within 2 weeks of the posted payment date, the Requestor and Licensee may request the verification to be emailed again.• If the licensure is inactive, an archive search will be conducted as expeditiously as possible, each search is unique with no way to predict timelines.
Send verification by email to the: _____ State Board (type State name)

\$30 fee payment:
Credit Card Information
Credit Card #: _____
Exp Date (mm/yy): _____
Name on card: _____
Billing address of card: _____
Type name as authorization: _____
Date of authorization: _____

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If using check: Make payable to SDBMOE and send this form to SDBMOE office address on the top right of our webpage.